Effective October 1, 2003  [ 108 2-525 ]												-51
CLAIMS AS FILED - PART I SMA (Column 1) (Column 2) TYPE									ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			37		· .			RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUM	BER EXTRA		BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			3)minus 20=		•	17		X\$ 9=		OR	X\$18=	306-
INDEPENDENT CLAIMS			₩ minus 3 =		•	/		X43=	•		X86=	01
MULTIPLE DEPENDENT CLAIM PRESENT									<del>- </del>	OR	<del></del>	X42.
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	_	OR	·	
								TOTAL	· L	OR	TOTAL	162-
CLAIMS AS AMENDED - PART II  10/2/07 (Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL · FEE
	Total	. 37	Minus	<b>.</b> 3	7	<i>-</i> ♀		X\$ 9=		OR	X\$18=	0
	Independent	• 4	Minus	*** (	1	• O		X43=		OR	X86=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
•								TOTA	_		TOTAL	(-)
		(Column 1)		(Colum	ın 2)	(Column 3)	,	VDDIT. FEI	<b>-</b>	, •	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=		OR	X86=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145				
							L	+145= TOTAL		OR	+290= TOTAL	•
								DOIT. FEE		OR	ADDIT. FEE	<del></del>
		(Column 1) CLAIMS	•	(Colum		(Column 3)	_	·				1000
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	<b>della</b>		=		X43=		OR	X86=	
_	FIRȘT PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		· -	+145=			+290=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT SEE										OR	TOTAL	
***	the 'Highest Nur	mber Previously Pa mber Previously Pa ber Previously Paid	Id For IN THE	S SPACE is	less tha	n 3, enter "3."	~	DOIT. FEE	لنــــا		ODIT. FEEL	

Application or Docket Number